

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 78

For Official Use Only

Statement covers period

from 07/01/2011

through 12/31/2011

Date of election if applicable:
(Month, Day, Year)

06/05/2012

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1338016

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
MAGEE FOR STATE ASSEMBLY 2012, BOB

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LAKE ELSINORE</u>	<u>CA</u>	<u>92530</u>	<u>(951)805-7782</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS
9516784502

Treasurer(s)

NAME OF TREASURER
KRISTINE ANDERSON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LAKE ELSINORE</u>	<u>CA</u>	<u>92530</u>	<u>9516782165</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS
9516786922 / andersonprofservices@verizon.net

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2012 By KRISTINE ANDERSON
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/31/2012 By BOB MAGEE
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

BOB MAGEE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

State Assembly Person

Assembly District

67

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

LAKE ELSINORE CA 92530

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

BOB MAGEE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

State Assembly Person

Assembly District

67

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

LAKE ELSINORE CA 92530

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COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	07/01/2011	
through	12/31/2011	Page 4 of 78
		I.D. NUMBER 1338016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MAGEE FOR STATE ASSEMBLY 2012, BOB

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$85,584.00	\$85,584.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$999.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$85,584.00	\$86,583.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$200.00	\$200.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$85,784.00	\$86,783.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$29,492.35	\$30,335.16
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$29,492.35	\$30,335.16
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$200.00	\$200.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$29,692.35	\$30,535.16

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$156.19
13. Cash Receipts	Column A, Line 3 above	\$85,584.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00
15. Cash Payments	Column A, Line 8 above	\$29,492.35
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$56,247.84

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$999.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 07/01/2011		
through 12/31/2011		Page 5 of 78
NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/2/2011	GLENN MILLER INDIO, CA 92201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF INDIO MAYOR PRO TEM	\$100.00	\$100.00	2012P: \$100.00
7/1/2011	WINTEC ENERGY LTD PALM SPRINGS, CA 92262-4435	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
7/1/2011	GENE & BARBARA TOBIN TEMECULA, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TOBIN REAL ESTATE SALES	\$125.00	\$125.00	2012P: \$125.00
7/1/2011	ALLISON MACKENZIE RIVERSIDE, CA 92507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	E.S. BABCOCK & SONS INC OFFICE	\$125.00	\$125.00	2012P: \$125.00
7/1/2011	BOB SNODGRASS DEL MAR, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT - BSC CONSULTING	\$125.00	\$125.00	2012P: \$125.00

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$84,761.00
2. Amount received this period - unitemized contributions of less than \$100	\$823.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$85,584.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
Page <u>6</u> of <u>78</u>		
NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2011	JAMES GOOD SAN BERNARDINO, CA 92402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GRESHAM SAVAGE NOLAN & TILDEN PC LAW FIRM	\$500.00	\$500.00	2012P: \$500.00
7/1/2011	DAVID FAHRION PERRIS, CA 92572	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CR&R INCORPORATED DIV. PRESIDENT	\$250.00	\$250.00	2012P: \$250.00
7/1/2011	ALEX BRAICOVICH PERRIS, CA 92572	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CR&R INCORPORATED BUSINESSMAN	\$250.00	\$250.00	2012P: \$250.00
7/1/2011	KEIL MABERRY COSTA MESA, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LINSCOTT LAW & GREENSPAN, ENG. BUSINESSMAN	\$250.00	\$250.00	2012P: \$250.00
7/1/2011	STEVE MILES IRVINE, CA 92618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MILES CHEN LAW GROUP LAWYER	\$250.00	\$250.00	2012P: \$250.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/2/2011	CIVIC PARTNERS, INC. HUNTINGTON BEACH, CA 92647	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2012P: \$2,000.00
7/1/2011	MIKE DOWNS CORONA, CA 92879	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DOWNS ENERGY EXECUTIVE	\$250.00	\$250.00	2012P: \$250.00
7/1/2011	BURRTEC WASTE AND RECYCLING SERVICES LLC SAN MARCO, CA 92078	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
7/15/2011	JIM & GLORIA MUSSER LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DOLPHIN POOL & SPA LE, INC. BUSINESS OWNER	\$250.00	\$250.00	2012P: \$250.00
7/15/2011	PACIFIC AGGREGATES INC. LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2011		
through 12/31/2011		Page 8 of 78
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/8/2011	ADAM MILES TEMECULA, CA 92590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MILES PRESERVATION OWNER	\$2,500.00	\$2,500.00	2012P: \$2,500.00
7/15/2011	JERRY HARMATZ LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$100.00	\$100.00	2012P: \$100.00
7/1/2011	DAVID GARRISON NEWPORT BEACH, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MARINITA DEVELOPMENT CO PROJECT MANAGER	\$125.00	\$125.00	2012P: \$125.00
7/1/2011	KEN RIVERS MURRIETA, CA 92563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UNIVERSAL HEALTH SERVICES OFFICE	\$125.00	\$125.00	2012P: \$125.00
7/1/2011	CARL JOHNSON LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NEAR-CAL CONSTRUCTION	\$125.00	\$125.00	2012P: \$125.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2011	PERSONAL INSURANCE FEDERATION OF CA SMALL CONTRIBUTOR COMMITTEE SACRAMENTO, CA 95814 Committee ID: 1338487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2012P: \$250.00
7/25/2011	EDCO WASTE SERVICES LEMON GROVE, CA 91945	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
7/23/2011	TEMESCAL DRIVING RANGE CORONA, CA 92883	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DRIVING RANGE	\$100.00	\$100.00	2012P: \$100.00
7/22/2011	K & A ENGINEERING INC CORONA, CA 92880	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$125.00	\$125.00	2012P: \$125.00
7/22/2011	FRIENDS OF BRIAN TISDALE FOR CITY COUNNCIL 2010 LAKE ELSINORE, CA 92530 Committee ID: 1329587	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/22/2011	EDWIN SAULS LAGUNA BEACH, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	THE SAULS COMPANY CONSULTANT	\$1,000.00	\$1,000.00	2012P: \$1,000.00
7/22/2011	(JOHN) MANLEY LUCKEY TEMECULA, CA 92591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF DENTIST	\$125.00	\$125.00	2012P: \$125.00
7/22/2011	VERIZON COMMUNICATIONS INC SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2012P: \$250.00
7/22/2011	ERIK LUNDE NEWPORT BEACH, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF INVESTOR	\$125.00	\$125.00	2012P: \$125.00
7/22/2011	REBECCA HOLZMANN D'AMICO TEMECULA, CA 92591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF HOUSEWIFE	\$150.00	\$150.00	2012P: \$150.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
		Page <u>11</u> of <u>78</u>
		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/22/2011	LAURENE STONE TEMECULA, CA 92591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RIVERSIDE SHERIFF'S OFFICE OFFICE	\$198.00	\$198.00	2012P: \$198.00
7/22/2011	RUTH ATKINS LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$500.00	\$500.00	2012P: \$500.00
7/22/2011	COMMITTEE TO ELECT DARCY KUENZI MENIFEE, CA 92584 Committee ID: 1303439	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2012P: \$250.00
7/22/2011	QUALIFIED PLAYER SEVICES LLC LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2012P: \$100.00
9/1/2011	MICHAEL SOUBIROUS RIVERSIDE, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
Page <u>12</u> of <u>78</u>		
NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2011	RICK HOFFMAN HEMET, CA 92544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF CONSULTANT	\$100.00	\$199.00	2012P: \$199.00
7/7/2011	RICK HOFFMAN HEMET, CA 92544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF CONSULTANT	\$99.00	\$199.00	2012P: \$199.00
9/1/2011	TED WEGENER SUN CITY, CA 92586	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JAMOR REAL ESTATE INVESTMENTS REAL ESTATE BROKER/APPRaiser	\$100.00	\$100.00	2012P: \$100.00
9/1/2011	MARY VENERABLE PERRIS, CA 92570	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$100.00	\$100.00	2012P: \$100.00
9/1/2011	RANCH DEVELOPMENT INC. MURRIETA, CA 92562	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	2012P: \$150.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2011	B & T WORKS, INC. WILDOMAR, CA 92595	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
9/1/2011	PATRICK BROWN NEWPORT BEACH, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RRDC DEVELOPER	\$150.00	\$150.00	2012P: \$150.00
9/1/2011	PHILLIP ROSENTRATER MORENO VALLEY, CA 92557-5051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COUNTY OF RIVERSIDE MANAGER	\$100.00	\$100.00	2012P: \$100.00
9/1/2011	TEMECULA VALLEY COMMUNICATION MURRIETA, CA 92563	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2012P: \$100.00
9/1/2011	ERIC HALEY RIVERSIDE, CA 92506-5611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF CONSULTANT	\$150.00	\$150.00	2012P: \$150.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2011	KRISTIN FULLER MURRIETA, CA 92563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STATE OF CALIFORNIA LEGISLATIVE ASSISTANT	\$100.00	\$100.00	2012P: \$100.00
11/4/2011	MCMILLIN MANAGEMENT SERVICES LP SAN DIEGO, CA 92186-5104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
8/3/2011	DAN STEPHENSON MURRIETA, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RANCON MANAGEMENT	\$150.00	\$150.00	2012P: \$150.00
8/16/2011	DAN LEIGH TEMECULA, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CORMAN LEIGH COMPANIES REAL ESTATE DEVELOPER	\$150.00	\$150.00	2012P: \$150.00
8/16/2011	CHANDLER AGGREGATES INC. CORONA, CA 92877-0148	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2011	RICHARD GOACHER SILVERADO, CA 92676	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RGP PLANNING URBAN PLANNER	\$1,500.00	\$1,500.00	2012P: \$1,500.00
6/5/2012	STAN SMITH WILDOMAR, CA 92595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SWS STORAGE GENERAL MANAGER	\$100.00	\$100.00	2012P: \$100.00
11/13/2011	ECO PLANET CONSULTING GROUP LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
8/26/2011	WHITESTONE PROPERTIES INC. SANTA ANA, CA 92705-3267	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
8/23/2011	LAKE STREET MARKETPLACE LLC NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	2012P: \$150.00
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/21/2011	RICH ROBERTSON CORONA, CA 92878	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ROBERTSON'S BUSINESS OWNER	\$500.00	\$500.00	2012P: \$500.00
10/10/2011	LAWRENCE STIRLING SAN DIEGO, CA 92103-1114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$100.00	\$100.00	2012P: \$100.00
7/1/2011	BURRTEC WASTE INDUSTRIES, INC. FONTANA, CA 92335	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$3,000.00	2012P: \$3,000.00
10/18/2011	BURRTEC WASTE INDUSTRIES INC. FONTANA, CA 92335	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2012P: \$3,000.00
9/29/2011	BURRTEC WASTE INDUSTRIES INC. FONTANA, CA 92335	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$3,000.00	2012P: \$3,000.00
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/10/2011	KEVIN JEFFRIES LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$300.00	2012P: \$300.00
9/4/2011	KEVIN JEFFRIES LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50.00	\$300.00	2012P: \$50.00
12/13/2011	WOODWARD & BARNES PROPERTIES INC. HENDERSON, NV 89052-5529	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
12/1/2011	J & R ENVIRONMENTAL INC. TEMECULA, CA 92590	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2012P: \$2,500.00
11/17/2011	GREG MORRISON TEMECULA, CA 92591-3958	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ELSINORE VALLEY MUNICIPAL WATER DISTRICT PR DIRECTOR	\$125.00	\$125.00	2012P: \$125.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2011		
through 12/31/2011		Page 18 of 78
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NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2011	JOHN GAMBLE ESCONDIDO, CA 92029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE DIRECTOR NONPROFIT	\$500.00	\$500.00	2012P: \$500.00
11/16/2011	LARRY MARKHAM TEMECULA, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MDMG, INC. ENGINEER	\$100.00	\$199.00	2012P: \$199.00
10/26/2011	LARRY MARKHAM TEMECULA, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MDMG, INC. ENGINEER	\$99.00	\$199.00	2012P: \$199.00
11/16/2011	HOWARD OMDAHL VALLEY CENTER, CA 92062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS OWNER LAND DEVELOPER	\$100.00	\$100.00	2012P: \$100.00
11/14/2011	HARRY CROWELL IRVINE, CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INSCO INSURANCE SERVICES INC. SURETY INSURANCE	\$100.00	\$100.00	2012P: \$100.00
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

MAGEE FOR STATE ASSEMBLY 2012, BOB

I.D. Number
1338016

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11/11/2011	JACK FERGUSON LAKE ELSINORE, CA 92532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JACK FERGUSON, CPA CPA	\$100.00	\$200.00	2012P: \$200.00
8/17/2011	JACK FERGUSON LAKE ELSINORE, CA 92532-0424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JACK FERGUSON, CPA CPA	\$100.00	\$200.00	2012P: \$200.00
11/7/2011	CONTINENTAL EAST FUND VI, LLC MURRIETA, CA 92562	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2012P: \$250.00
11/7/2011	CONTINENTAL EAST FUND VIII, LLC MURRIETA, CA 92562	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2012P: \$250.00
11/7/2011	GRESHAM SAVAGE NOLAN & TILDEN PC SAN BERNARDINO, CA 92402	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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11/2/2011	RIGHTWAY LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
11/16/2011	GUADALUPE MANEE SAN BERNARDINO, CA 92402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$500.00	\$500.00	2012P: \$500.00
11/16/2011	MARK & PAM CARLSTON LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FOREST WOOD FIBER PRODUCTS OWNERS	\$200.00	\$200.00	2012P: \$200.00
9/1/2011	MICHAEL BOURIS MENIFEE, CA 92584	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BOURIS RANCHES FARMER/PARTNER	\$150.00	\$150.00	2012P: \$150.00
10/21/2011	MARUHACHI CERAMICS OF AMERICA INC. CORONA, CA 92879	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$300.00	2012P: \$300.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2011	RANCH DEVELOPMENT ASSEMBLY MURRIETA, CA 92562	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
7/1/2011	MARK MILLER CORONA, CA 92877	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE PRESIDENT WERNER CORPORATION	\$500.00	\$500.00	2012P: \$500.00
9/1/2011	MARK MILLER MURRIETA, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOUTHWEST HEALTHCARE SYSTEM CEO & MANAGING DIRECTOR	\$100.00	\$100.00	2012P: \$100.00
10/30/2011	JOYCE HOHENADL LAKE ELSINORE, CA 92532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$40.00	\$165.00	2012P: \$165.00
7/1/2011	KEN CRAWFORD CORONA, CA 92281	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KWC ENGINEERS ENGINEER	\$250.00	\$2,750.00	2012P: \$2,750.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460 Page <u>22</u> of <u>78</u>
I.D. Number 1338016		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/6/2011	MATTHEW FAGAN TEMECULA, CA 92591-5338	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MATTHEW FAGAN CONSULTING SERVICES CONSULTANT	\$100.00	\$475.00	2012P: \$475.00
7/15/2011	FRED DOMINGUEZ LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EL SINORE BARBER SHOP BARBER	\$100.00	\$400.00	2012P: \$400.00
7/25/2011	EMS MANAGEMENT LLC GREENWOOD VILLAGE, CO 80111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,500.00	2012P: \$1,500.00
7/1/2011	E.W. & CATHERINE MAGEE SAN DIEGO, CA 92119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$25.00	\$825.00	2012P: \$825.00
7/22/2011	E.W. & CATHERINE MAGEE SAN DIEGO, CA 92119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$250.00	\$825.00	2012P: \$825.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2011		
through 12/31/2011		Page 23 of 78

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MAGEE FOR STATE ASSEMBLY 2012, BOB

I.D. Number
1338016

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/22/2011	CINDY HEWISON LAKE ELSINORE, CA 92532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SURGICAL CARE AFFILIATES REGISTERED NURSE	\$250.00	\$450.00	2012P: \$450.00
7/22/2011	KIM JOSEPH COUSINS LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAKE ELSINORE CHAMBER OF COMMERCE MANAGER	\$125.00	\$325.00	2012P: \$325.00
9/1/2011	COMMITTEE TO ELECT KRISTINE ANDERSON WILDOMAR, CA 92595 Committee ID: 1249309	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$600.00	2012P: \$600.00
9/1/2011	ALLEN BALDWIN LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OC HOUSING CORP MANAGER	\$150.00	\$250.00	2012P: \$250.00
7/1/2011	HARDY STROZIER COSTA MESA, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	THE PLANNING ASSOCIATES PRINCIPAL	\$250.00	\$600.00	2012P: \$600.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2011	HARDY STROZIER COSTA MESA, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	THE PLANNING ASSOCIATES LAND CONSULTANT	\$150.00	\$600.00	2012P: \$600.00
7/1/2011	LAKE ELSINORE HOTEL & CASINO LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$4,900.00	2012P: \$3,900.00 2012G: \$1,000.00
10/26/2011	LAKE ELSINORE HOTEL & CASINO LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,400.00	\$4,900.00	2012P: \$3,900.00 2012G: \$1,000.00
10/6/2011	GBC CONCRETE & MASONRY CONSTRUCTION LAKE ELSINORE, CA 92530-2732	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$500.00	2012P: \$500.00
8/31/2011	SAM ALHADEFF POWAY, CA 92064-2167	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF ATTORNEY	\$100.00	\$950.00	2012P: \$950.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2011	SAM ALHADEFF POWAY, CA 92064-2167	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUCHANAN INGERSOLL & ROONEY PC ATTORNEY	\$100.00	\$950.00	2012P: \$950.00
11/10/2011	BRIAN LAM ROSEMEAD, CA 91770-0630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEBO RESORTS OWNER	\$1,000.00	\$1,500.00	2012P: \$1,500.00
11/16/2011	COMMITTEE TO ELECT KRISTINE ANDERSON WILDOMAR, CA 92595 Committee ID: 1249309	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$600.00	2012P: \$600.00
11/16/2011	NEAR-CAL CORP LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$350.00	2012P: \$350.00
11/9/2011	WERNER CORPORATION CORONA, CA 92877-0122	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$3,000.00	2012P: \$3,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2011	NORMAN BRODY STUDIO CITY, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF REAL ESTATE	\$1,000.00	\$3,750.00	2012P: \$3,750.00
7/22/2011	ALAN MANEE SAN BERNARDINO, CA 92402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$250.00	\$2,100.00	2012P: \$2,100.00
11/16/2011	ALAN MANEE SAN BERNARDINO, CA 92402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CALTRANS BIOLOGY SECTION BUSINESSMAN	\$500.00	\$2,100.00	2012P: \$2,100.00
10/19/2011	PARDEE HOMES LOS ANGELES, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2012P: \$1,000.00
7/1/2011	SAM ALHADIFF TEMECULA, CA 92591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUCHANAN INGERSOLL & ROONEY PC ATTORNEY	\$500.00	\$950.00	2012P: \$950.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
Page <u>27</u> of <u>78</u>		
NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/5/2011	LUMOS COMMUNITIES LLC NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$125.00	\$625.00	2012P: \$625.00
7/22/2011	ANDREA DE LEON HIGHLAND, CA 92346	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MFI RECOVERY CENTER DIRECTOR OF BUSINESS DEVELOPMENT	\$100.00	\$100.00	2012P: \$100.00
11/16/2011	CR&R, INCORPORATED PERRIS, CA 92572	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,000.00	2012P: \$2,000.00
11/2/2011	NORMAN BRODY STUDIO CITY, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF REAL ESTATE	\$500.00	\$2,500.00	2012P: \$3,750.00
8/5/2011	MICHAEL & LISA LOVALLO LINCOLNWOOD, IL 60712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SMITH LLP ATTORNEY	\$100.00	\$300.00	2012P: \$300.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 8/23/2008	THE PLANNING ASSOCIATES COSTA MESA, CA 92626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,575.00	\$1,575.00	2012P: \$1,575.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530-6366 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/9/2008	JIC-CP DIAMOND DEVELOPMENT HUNTINGTON BEACH, CA 92647	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530-6366 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/9/2008	KEN & TINA CRAWFORD CANYON LAKE, CA 92587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KWC ENGINEER ENGINEER	\$2,500.00	\$2,750.00	2012P: \$2,750.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER

MAGEE FOR STATE ASSEMBLY 2012, BOB

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Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530-6366 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/3/2008	PARDEE HOMES LOS ANGELES, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2012P: \$1,000.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530-6366 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/10/2008	CIVIC PARTNERS ELSINORE LLC HUNTINGTON BEACH, CA 92647	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2011		
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NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

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Orig Ctrb Date: 10/11/2008	STROFFE ENTERPRISES INC. CANYON LAKE, CA 92587	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2012P: \$250.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/6/2009	GBC CONCRETE & MASONARY LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$500.00	2012P: \$500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/7/2009	WERNER CORPORATION CORONA, CA 92877	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$3,000.00	2012P: \$3,000.00
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER

MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/8/2009	ELSINORE BARBER & BEAUTY LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$400.00	2012P: \$400.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/15/2009	NORMAN INDUSTRIES NORTH HOLLYWOOD, CA 91602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL

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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 1/17/2009	NEAR-CAL CORP LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$350.00	2012P: \$350.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/20/2009	MICHAEL & LISA LOVALLO LINCOLNWOOD, IL 60712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF ATTORNEY	\$100.00	\$400.00	2012P: \$400.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/21/2009	BUCHANAN INGERSOLL & ROONEY PITTSBURGH, PA 15219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from 07/01/2011 through 12/31/2011		CALIFORNIA FORM 460 Page 33 of 78
I.D. Number 1338016		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/21/2009	IAN DAVIDSON LANDSCAPE ARCHITECT RIVERSIDE, CA 92502	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	2012P: \$150.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/21/2009	PAULE CONSULTING INC TEMECULA, CA 92591	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2012P: \$100.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 1/23/2009	PACIFIC GLOBAL DEVELOPMENT LOS ANGELES, CA 90020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/24/2009	JOHN BEAUMONT MURRIETA, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$100.00	\$100.00	2012P: \$100.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/27/2009	TSG CANYON VISTA LP IRVINE, CA 92562	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2012P: \$250.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2011		
through 12/31/2011		Page 35 of 78
		I.D. Number 1338016

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NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/27/2009	TSG EL TORO LP IRVINE, CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$25,000.00	2012P: \$250.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/29/2009	CASTLE & COOKE ALBERHILL RANCH LLC THOUSAND OAKS, CA 91361	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$5,000.00	2012P: \$3,900.00 2012G: \$1,100.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 1/30/2009	CR&R PERRIS, CA 92572	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,000.00	2012P: \$2,000.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/1/2009	ALAN & LUPE MANEE SAN BERNARDINO, CA 92402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CALTRANS BIOLOGIST	\$1,000.00	\$2,100.00	2012P: \$2,100.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/1/2009	CINDY HEWISON LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SURGICAL CARE AFFILIATES REGISTERED NURSE	\$200.00	\$450.00	2012P: \$450.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/1/2009	COMMITTEE TO ELECT KRISTINE ANDERSON WILDOMAR, CA 92595 Committee ID: 1249309	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$600.00	2012P: \$600.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/1/2009	ED & LYNN MAGEE SAN DIEGO, CA 92119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$200.00	\$825.00	2012P: \$825.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/1/2009	EIKE & JOYCE HOHENADL LAKE ELSINORE, CA 92532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$125.00	\$165.00	2012P: \$165.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/1/2009	MARIHITA DEVELOPMENT COMPANY LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/1/2009	MATTHEW FAGAN CONSULTING SERVICES TEMECULA, CA 92591	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$175.00	\$475.00	2012P: \$475.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER

MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/1/2009	R.W. O'NEAL INSURANCE AGENCY LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/1/2009	ROSE GREENE LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$100.00	\$100.00	2012P: \$100.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

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Orig Ctrb Date: 2/3/2009	DVE LEONARD ASSOCIATES RIVERSIDE, CA 92507	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/3/2009	GRANITE CONSTRUCTION CO WATSONVILLE, CA 95077	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/7/2009	CHRISTIAN HUMPHREYS DEL MAR, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MCKENNA LONG & ALDRIDGE ATTORNEY	\$250.00	\$250.00	2012P: \$250.00

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2011 through 12/31/2011		CALIFORNIA FORM 460 Page 41 of 78
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NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/7/2009	COLE & TRACY BURR TEMECULA, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BURRTEC WASTE INDUSTRIES OWNERS	\$500.00	\$1,500.00	2012P: \$1,500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/11/2009	RIVERSIDE SHERIFF'S ASSOCIATION PAC FUND RIVERSIDE, CA 92507 Committee ID: 860132	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL

*Contributor Codes
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 (other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/11/2009	THE SITL INVESTMENTS LLC RIVERSIDE, CA 92502	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/31/2009	K. HOVNIANIAN COMPANIES OF CA ONTARIO, CA 91761	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/19/2009	LAKE ELSINORE STORM LP LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460 Page <u>43</u> of <u>78</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/6/2010	MICHAEL & LISA LOVALLO LINCOLNWOOD, IL 60712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF ATTORNEY	\$100.00	\$300.00	2012P: \$300.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/8/2010	NORMAN BRODY NORTH HOLLYWOOD, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NORMAN INDUSTRIES OWNER	\$1,000.00	\$3,750.00	2012P: \$3,750.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 1/12/2010	LAKE ELSINORE HOTEL & CASINO LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$5,000.00	2012P: \$5,000.00
Trnsfr Dt: 12/31/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/13/2010	BUCHANAN INGERSOLL & ROONEY PITTSBURGH, PA 15219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2012P: \$1,000.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/14/2010	ELSINORE BARBER & BEAUTY LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$400.00	2012P: \$400.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/16/2010	WERNER CORPORATION CORONA, CA 92877	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2012P: \$3,000.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/25/2010	MATTHEW FAGAN CONSULTING SERVICES TEMECULA, CA 92591	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$475.00	2012P: \$475.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2011		
through 12/31/2011		Page 46 of 78
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 1/26/2010	JOHN & JUDITH GONZALES LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$100.00	\$200.00	2012P: \$200.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/29/2010	FELICIA 'FLIP' TYLER LAKE ELSINORE, CA 92531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COLDWELL BANKER REALTOR	\$100.00	\$200.00	2012P: \$200.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/30/2010	CR&R PERRIS, CA 92572	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,000.00	2012P: \$2,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
Page <u>47</u> of <u>78</u>		
NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/7/2010	ED & LYNN MAGEE SAN DIEGO, CA 92119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$200.00	\$825.00	2012P: \$825.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/7/2010	LUMOS COMMUNITIES NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$625.00	2012P: \$625.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/7/2010	MICHAEL O'NEAL LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	O'NEAL INSURANCE INSURANCE AGENT	\$100.00	\$100.00	2012P: \$100.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/7/2010	RON & CINDY HEWISON LAKE ELSINORE, CA 92532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$250.00	\$500.00	2012P: \$500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/17/2010	ALAN & LUPE MANEE SAN BERNARDINO, CA 92402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CALTRANS BIOLOGIST	\$300.00	\$2,100.00	2012P: \$2,100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2011 through 12/31/2011		CALIFORNIA FORM 460 Page 49 of 78
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/4/2010	SPYGLASS RANCH LLC WINTER PARK, FL 32789	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/10/2009	PAUL NIEHOUSE LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STATE FARM LAKE ELSINORE INSURANCE AGENT	\$100.00	\$100.00	2012P: \$100.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 1/24/2009	BOB SOLIS LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TOM & JERRY'S COLLECTABLES OWNER	\$100.00	\$100.00	2012P: \$100.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/14/2010	COLE & TRACY BURR TEMECULA, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BURRTEC WASTE INDUSTRIES OWNERS	\$500.00	\$1,000.00	2012P: \$1,000.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/14/2010	CASTE & COKE ALBERHILL RANCH LLC THOUSAND OAKS, CA 91361	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$5,000.00	2012P: \$3,900.00 2012P: \$1,100.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

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Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/23/2010	MICHAEL & LILIAN MYERS RANCHO SANTA FE, CA 92067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	THE RAWLINGS COMPANY OWNER	\$200.00	\$200.00	2012P: \$200.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/14/2011	ALLEN BALDWIN LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ORANGE COUNTY COMMUNITY HOUSING CORP EXECUTIVE DIRECTOR	\$100.00	\$250.00	2012P: \$250.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2011		
through 12/31/2011		Page 52 of 78

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NAME OF FILER

MAGEE FOR STATE ASSEMBLY 2012, BOB

I.D. Number
1338016

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 1/14/2011	SAM ALHADEFF TEMECULA, CA 92591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUCHANAN INGERSOLL & ROONEY ATTORNEY	\$250.00	\$950.00	2012P: \$950.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/15/2011	COMMITTEE TO ELECT KRISTINE ANDERSON WILDOMAR, CA 92595 Committee ID: 1249309	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$600.00	2012P: \$600.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/15/2011	JOHN & JUDITH GONZALES LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$100.00	\$200.00	2012P: \$200.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460 Page <u>53</u> of <u>78</u> I.D. Number 1338016

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NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/15/2011	NORMAN BRODY NORTH HOLLYWOOD, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NORMAN INDUSTRIES OWNER	\$1,250.00	\$3,700.00	2012P: \$3,700.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/15/2011	COLE & TRACY BURR TEMECULA, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BURRTEC WASTE INDUSTRIES OWNERS	\$500.00	\$1,500.00	2012P: \$1,500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 1/15/2011	WERNER CORPORATION CORONA, CA 92877	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2012P: \$3,000.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/19/2011	ELSINORE BARBER & BEAUTY LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$400.00	2012P: \$400.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/19/2011	FELICIA 'FLIP' TYLER LAKE ELSINORE, CA 92531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COLDWELL BANKER REALTOR	\$100.00	\$200.00	2012P: \$200.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/19/2011	HARDY STROZIER COSTA MESA, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	THE PLANNING ASSOCIATES OWNER	\$200.00	\$600.00	2012P: \$600.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/26/2011	SANDRA HARRIS SAN CLEMENTE, CA 92672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RICHMOND AMERICAN HOMES REAL ESTATE DEVELOPER	\$200.00	\$200.00	2012P: \$200.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/1/2011	CR&R PERRIS, CA 92572	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,000.00	2012P: \$2,000.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/4/2011	ALAN & LUPE MANEE SAN BERNARDINO, CA 92402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CALTRANS BIOLOGIST	\$300.00	\$2,100.00	2012P: \$2,100.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/4/2011	ED & LYNN MAGEE SAN DIEGO, CA 92119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$150.00	\$825.00	2012P: \$825.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/4/2011	LUMOS COMMUNITIES NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$625.00	2012P: \$625.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/4/2011	MATTHEW FAGAN CONSULTING SERVICES TEMECULA, CA 92591	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$475.00	2012P: \$475.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
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NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/4/2011	MORSCH ENGINEERING LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2012P: \$100.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/4/2011	RON & CYNTHIA HEWISON LAKE ELSINORE, CA 92532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$250.00	\$500.00	2012P: \$500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/6/2011	GINA MAGEE LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TRAUMA INVERVENTION PROGRAM OF SW RIV CNTY EXECUTIVE DIRECTOR	\$375.00	\$375.00	2012P: \$375.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460 Page <u>59</u> of <u>78</u> I.D. Number 1338016

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NAME OF FILER

MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/6/2011	KIM COUSINS LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAKE ELSINORE VALLEY CHAMBER OF COMMERCE PRESIDENT/CEO	\$200.00	\$325.00	2012P: \$325.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/8/2011	RUSSELL & MELISSA WILLIAMS MURRIETA, CA 92563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COUNTY OF RIVERSIDE BIOLOGIST	\$100.00	\$100.00	2012P: \$100.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. Number 1338016

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 3/8/2011	BRIAN LAM ROSEMEAD, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,500.00	2012P: \$1,500.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/23/2011	CASTLE & COOKE ALBERHILL RANCH LLC THOUSAND OAKS, CA 91361	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$5,000.00	2012P: \$3,900.00 2012G: \$1,100.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/25/2011	EMS MANAGEMENT LLC GREENWOOD VILLAGE, CO 80111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,500.00	2012P: \$1,500.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2011</u>		CALIFORNIA FORM 460
through <u>12/31/2011</u>		
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSINORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/3/2011	DOLPHIN POOLS LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2012P: \$100.00
Trnsfr Dt: 12/30/2011	***TRANSFER*** COMMITTEE TO RE-ELECT BOB MAGEE LAKE ELSNORE, CA 92530 Committee ID: 1254151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$84,761.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 07/01/2011
through 12/31/2011

CALIFORNIA
FORM **460**

Page 62 of 78

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

I.D. NUMBER
1338016

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
BOB MAGEE LAKE ELSINORE, CA 92530 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESSMAN FOREST WOOD FIBER PRODUCTS	 \$999.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$999.00 11/6/2012 DATE DUE	 % RATE	\$999.00 6/6/2011 DATE INCURRED	CALENDAR YEAR \$999.00 PER ELECTION** 2012P: \$999.00
 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 % RATE		CALENDAR YEAR PER ELECTION**
 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 % RATE		CALENDAR YEAR PER ELECTION**
SUBTOTALS						\$999.00		

Schedule B Summary

1. Loans received this period. \$0.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) Net \$0.00
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>	CALIFORNIA FORM 460
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I.D. Number 1338016	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>	CALIFORNIA FORM 460
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NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2011	KAREN SNYDER LAKE ELSINORE, CA 92530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GRAPHIC DESIGNER SAME	BUTTONS	\$200.00	\$200.00	2012P: \$200.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$200.00

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$200.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$200.00

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 07/01/2011

through 12/31/2011

CALIFORNIA
FORM **460**

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I.D. NUMBER
1338016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2011 through 12/31/2011		CALIFORNIA FORM 460 Page 66 of 78
I.D. NUMBER 1338016		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
M&K GRAPHIC DESIGN AND MARKETING LAKE ELSINORE, CA 92530	CMP		\$110.25
REVOLVIS CONSULTING INC SAN DIEGO, CA 92119	CNS		\$1,000.00
PRODUCTION VIDEO, INC. TEMECULA, CA 92591	WEB		\$2,343.75

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$29,492.35
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$29,492.35

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RON HOLIDAY MURRIETA, CA 92562	PRO			\$250.00
M&K GRAPHIC DESIGN LAKE ELSINORE, CA 92530	LIT			\$166.41
REVOLVIS CONSULTING INC. SAN DIEGO, CA 92119	CNS			\$1,000.00
WILDOMAR CHAMBER OF COMMERCE WILDOMAR, CA 92595	CMP			\$100.00
EMAILDIRECT.COM RANCHO CORDOVA, CA 95670	WEB			\$380.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
M&K GRAPHIC DESIGN & MARKETING LAKE ELSINORE, CA 92530	CMP			\$151.55
VISA PPALATINE, IL 60094-4014	MTG			\$150.00
VISA PALATINE, IL 60094-4014	OFC			\$129.00
REVOLVIS CONSULTING INC. SAN DIEGO, CA 92119	CNS			\$1,000.00
U.S. POSTMASTER RIVERSIDE, CA 92506	POS			\$548.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
THE WILLIAMS COMPANY RIVERSIDE, CA 92506	FND			\$1,150.87
EMAILDIRECT.COM RANCHO CORDOVA, CA 95670	WEB			\$130.00
INLAND PRINT WORKS RIVERSIDE, CA 92503	LIT			\$1,149.00
PRODUCTION VIDEO, INC. TEMECULA, CA 92591	WEB			\$375.00
CHASE CARD SERVICES PALATINE, IL 60094-4014	MTG			\$100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CHASE CARD SERVICES PALATINE, IL 60094-4014	CMP			\$60.00
REVOLVIS CONSULTING INC. SAN DIEGO, CA 92119	CNS			\$1,000.00
THE WILLIAMS COMPANY RIVERSIDE, CA 92506	FND			\$1,199.69
MONTELEONE MEADOWS MURRIETA, CA 92563	FND			\$875.00
EMAILDIRECT.COM RANCHO CORDOVA, CA 95670	WEB			\$130.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. NUMBER 1338016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WELLS FARGO BANK PORTLAND, OR 97228-6995	OFC			\$79.44
WELLS FARGO BANK PORTLAND, OR 97228-6995			BANK SERVICE CHARGES	\$84.00
INLAND PRINT WORKS RIVERSIDE, CA 92503	LIT			\$1,850.00
WELLS FARGO BANK PORTLAND, OR 97228-6995	OFC			\$31.97
THE MIKE WILLIAMS COMPANY RIVERSIDE, CA 92506	POS			\$1,188.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. NUMBER 1338016

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CALLAWAY WINERY TEMECULA, CA 92591	FND			\$2,640.95
DATA DOG RIVERSIDE, CA 92506	PRO			\$350.00
M&K GRAPHIC DESIGN & MARKETING LAKE ELSINORE, CA 92530	CMP			\$353.44
REVOLVIS CONSULTING INC SAN DIEGO, CA 92119	CNS			\$1,500.00
CALLAWAY VINEYARD & WINERY TEMECULA, CA 92591	FND			\$2,095.02

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PRODUCTION VIDEO, INC. TEMECULA, CA 92591	CMP			\$450.00
REVOLVIS CONSULTING INC. SAN DIEGO, CA 92119	CNS			\$1,000.00
THE WILLIAMS COMPANY RIVERSIDE, CA 92506	FND			\$2,521.80
DATA DOG RIVERSIDE, CA 92506	WEB			\$500.00
INLAND PRINT WORKS RIVERSIDE, CA 92503	LIT			\$282.31

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2011		
through 12/31/2011		Page 74 of 78
NAME OF FILER MAGEE FOR STATE ASSEMBLY 2012, BOB		I.D. NUMBER 1338016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CHASE CARD SERVICES PALATINE, IL 60094-4014	WEB		WEBSITE HOSTING-GO DADDY.COM	\$166.90
PEPE'S CANYON LAKE, CA 92587	FND			\$900.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$29,492.35

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 07/01/2011
through 12/31/2011

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

I.D. NUMBER
1338016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** _____
May be a negative number.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2011
through 12/31/2011

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

I.D. NUMBER
1338016

NAME OF AGENT OR INDEPENDENT CONTRACTOR
THE MIKE WILLIAMS COMPANY

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. POST OFFICE RIVERSIDE, CA 92506	POS			\$1,188.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1188.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period

from 07/01/2011

through 12/31/2011

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MAGEE FOR STATE ASSEMBLY 2012, BOB

I.D. NUMBER
1338016

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS					

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET (May be a negative number)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 07/01/2011

through 12/31/2011

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SEE INSTRUCTIONS ON REVERSE

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1338016

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$0.00
- Unitemized increases to cash under \$100 this period..... \$0.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$0.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC